



**FOR DISCUSSION**  
**DRAFT**  
**PURPOSES ONLY**

# MaineCare Non Emergency Medical Transportation System Redesign

## Tribal Consultation

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July 13, 2011

[http://www.maine.gov/dhhs/oms/nemt/nemt\\_index.html](http://www.maine.gov/dhhs/oms/nemt/nemt_index.html)

*All documents and materials concerning the NEMT project reflect MaineCare's current thinking and are subject to change. No materials on NEMT web page, distributed and discussed at meetings or sent in emails or mailings are binding in any way concerning the future procurement process.*

# Agenda



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|--|-------------|
| • Welcome & Session Objectives               | 2:00 – 2:05 |
| • Background of NEMT Redesign Initiative     | 2:05 – 2:15 |
| • Overview of Current System                 | 2:15 – 2:30 |
| • Overview of the Risk-Based Brokerage Model | 2:30 – 2:45 |
| • Discussion re Model Design                 | 2:45 – 3:45 |
| • Target Timeline & Next Steps               | 3:45 – 4:00 |

# Session Objectives

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- Provide background and goals of the Non-Emergency Medical (NEMT) Transportation Redesign Initiative.
- Present overview of the current NEMT system and the planned brokerage model.
- Provide a forum for questions, suggestions and feedback from tribes to inform key components of model design.
- Outline the initiative's target timeline and next steps.

***The presentation from today's discussion will be posted to the NEMT Redesign website:***

**[http://www.maine.gov/dhhs/oms/nemt/nemt\\_index.html](http://www.maine.gov/dhhs/oms/nemt/nemt_index.html)**

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# Initiative Background

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- The Office of MaineCare Services (OMS) worked with the MaineCare Member Advisory Committee and the Full Service Regional Transportation Providers (FSRTPs) over the past year to submit a 1915(b) waiver application to the Centers for Medicare & Medicaid Services (CMS) with the intent to:
  - Maintain the current system structure.
  - Claim the Federal Medical Assistance Percentage (FMAP) match rate for all NEMT services.
- CMS notified OMS in November 2010 that the waiver application was denied and presented Maine with options for system redesign. The Department of Health and Human Services (DHHS) was asked to reply by January 31, 2011.
- DHHS requested an extension until February 28, 2011, in order to brief the new administration on the status and options for NEMT.
- DHHS decided to restructure NEMT as a risk-based Prepaid Ambulatory Health Plan (PAHP).
- To accomplish this goal, the NEMT redesign team is working to develop an Request for Proposals (RFP) for issuance in Summer 2011 for a target Spring 2012 implementation.

# Aspects of the current system are out of compliance with CMS regulations.

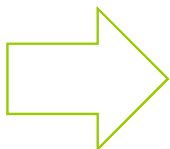
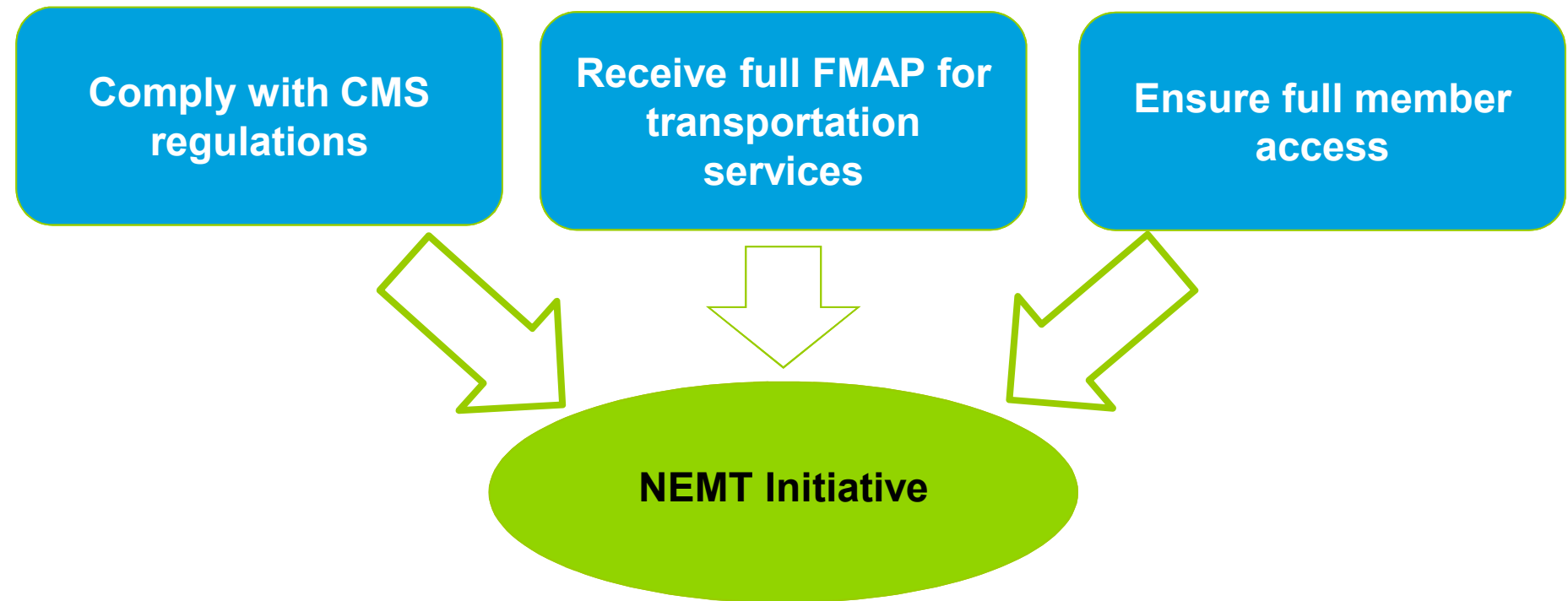
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- FSRTPs acting as both broker and provider:
  - Potential conflict of interest: CMS states that FSRTPs have an incentive to self-refer trips, rather than selecting the most cost effective mode that meets the member's needs.
  - Payments for the cost of trips must go to the direct transportation provider, whether an agency, volunteer, family, friend or member. Payments cannot go to the FSRTTP in cases where the FSRTTP did not directly deliver the transportation, since CMS only allows for “pass-through” payments to be made to a qualified business agent. The FSRTTPs do not qualify as business agents since they both arrange and provide for services.
- Problems with Claiming FMAP:
  - The state cannot claim FMAP for the base rates that go to the FSRTTPs; they can only claim the 50% administrative rate.















# Goals of Initiative: Why a Risk-based PAHP?



**A risk-based PAHP is the only option that meets all 3 goals.**

# Why did DHHS select this option over the other options that CMS presented?



CMS Options	Comply with CMS regulations	Receive full FMAP for NEMT	Ensure full member access
Risk-based PAHP			
Non-risk PAHP		 50% rate for administrative services	
State Brokerage with State Plan Amendment		 50% rate for administrative services & volunteer, family & friend reimbursement	
Maintain current system w/ all svcs matched at administrative rate		 50% rate for all services	



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# Current NEMT System

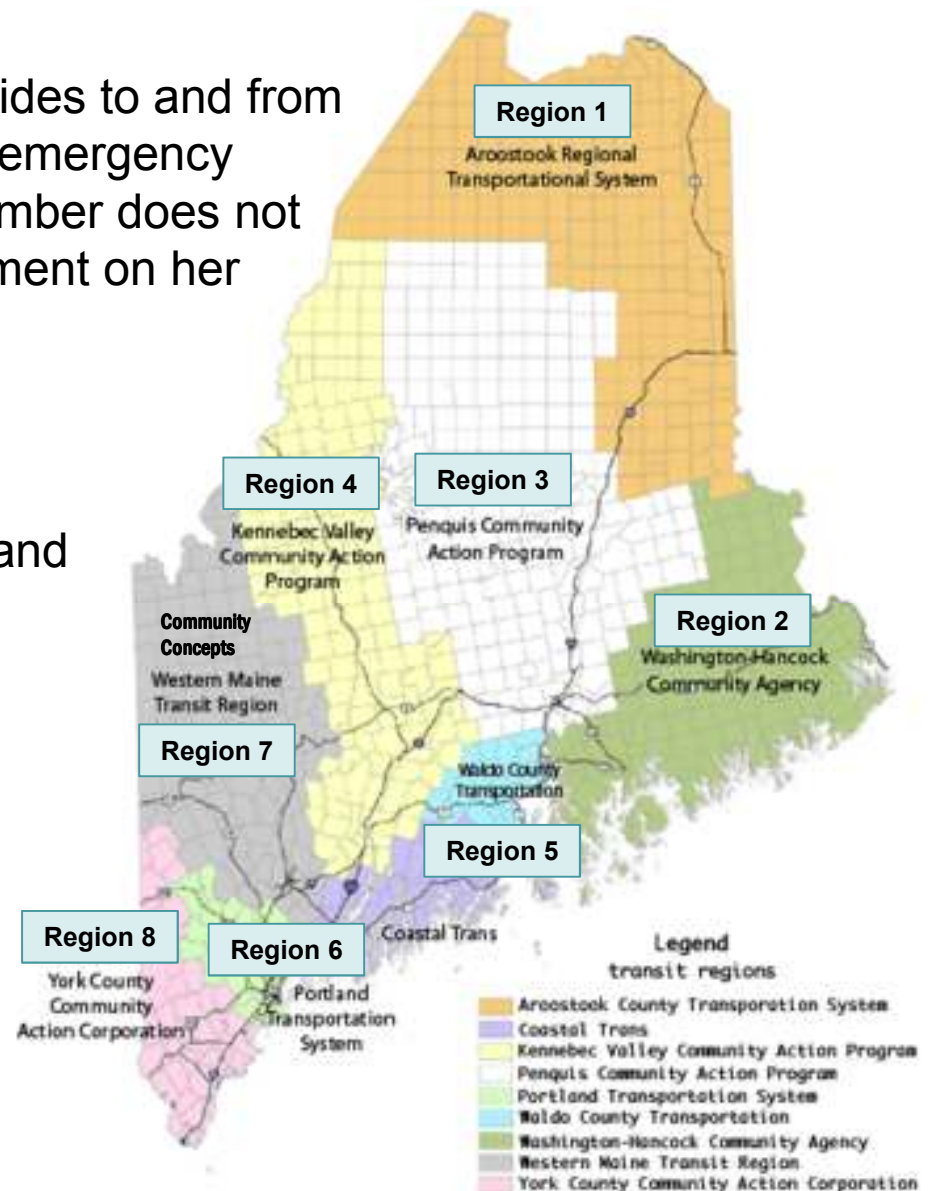
## What are NEMT Services?

NEMT services are used to give members rides to and from doctor appointments or other covered, non-emergency Medicaid services when the MaineCare member does not have an alternate way to get to the appointment on her own.

## How does NEMT function in Maine?

Currently, 10 Full Service Regional Transportation Providers (FSRTPs) broker and provide transportation in Maine's 8 transit regions. MaineCare currently covers the following transportation modes:

- Agency vehicles
- Volunteer reimbursement
- Family, friends & member reimbursement
- Fixed Route Transit (two regions)
- Wheelchair van
- Taxi



# Maine's five tribes fall into three of the Maine transit districts.



## Region 1 (ARTS)

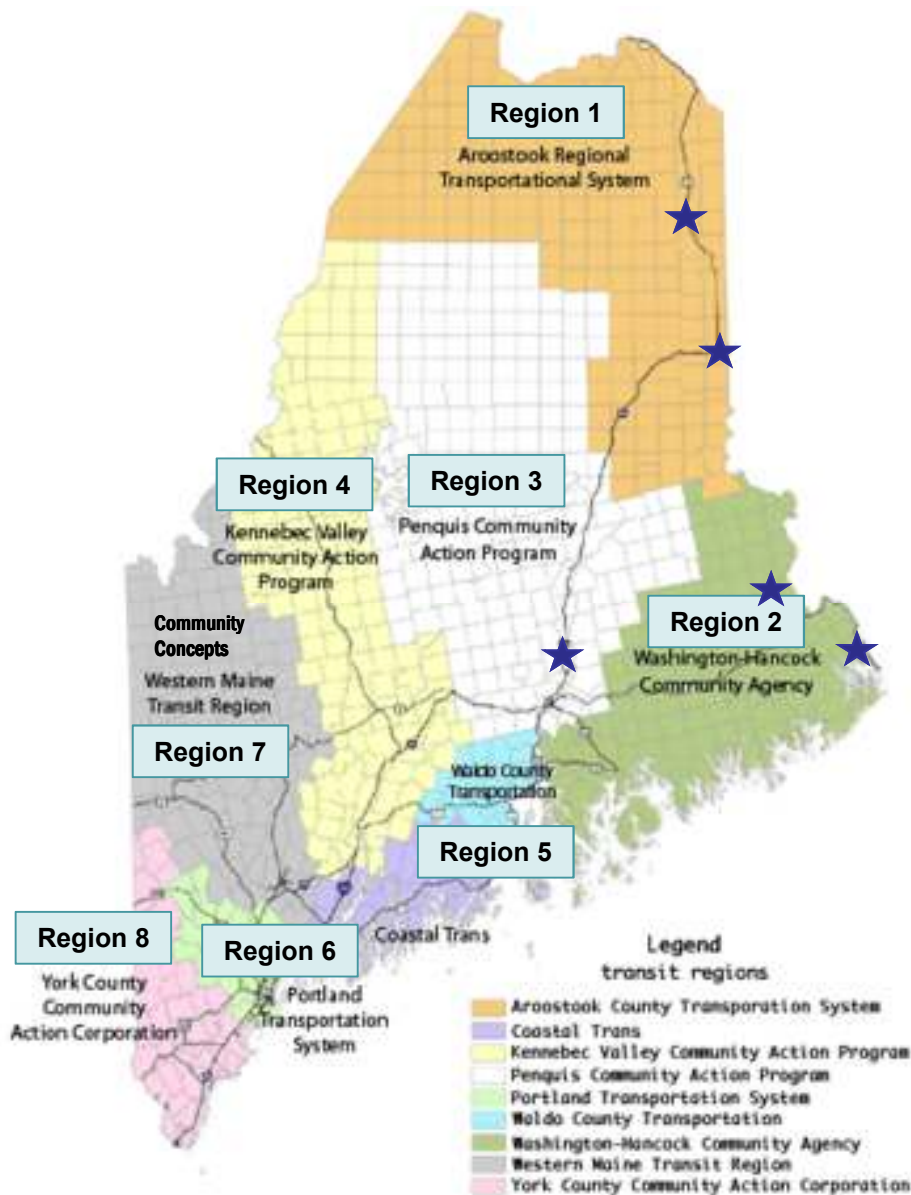
- Aroostook Band of Micmacs, Presque Isle
- Houlton band of Maliseet Indians, Houlton

## Region 2 (WHCA)

- Passamaquoddy Tribe of Indian Township, Princeton
- Passamaquoddy Tribe at Pleasant Point, Perry

## Region 3 (Penquis)

- Penobscot Nation, Old Town

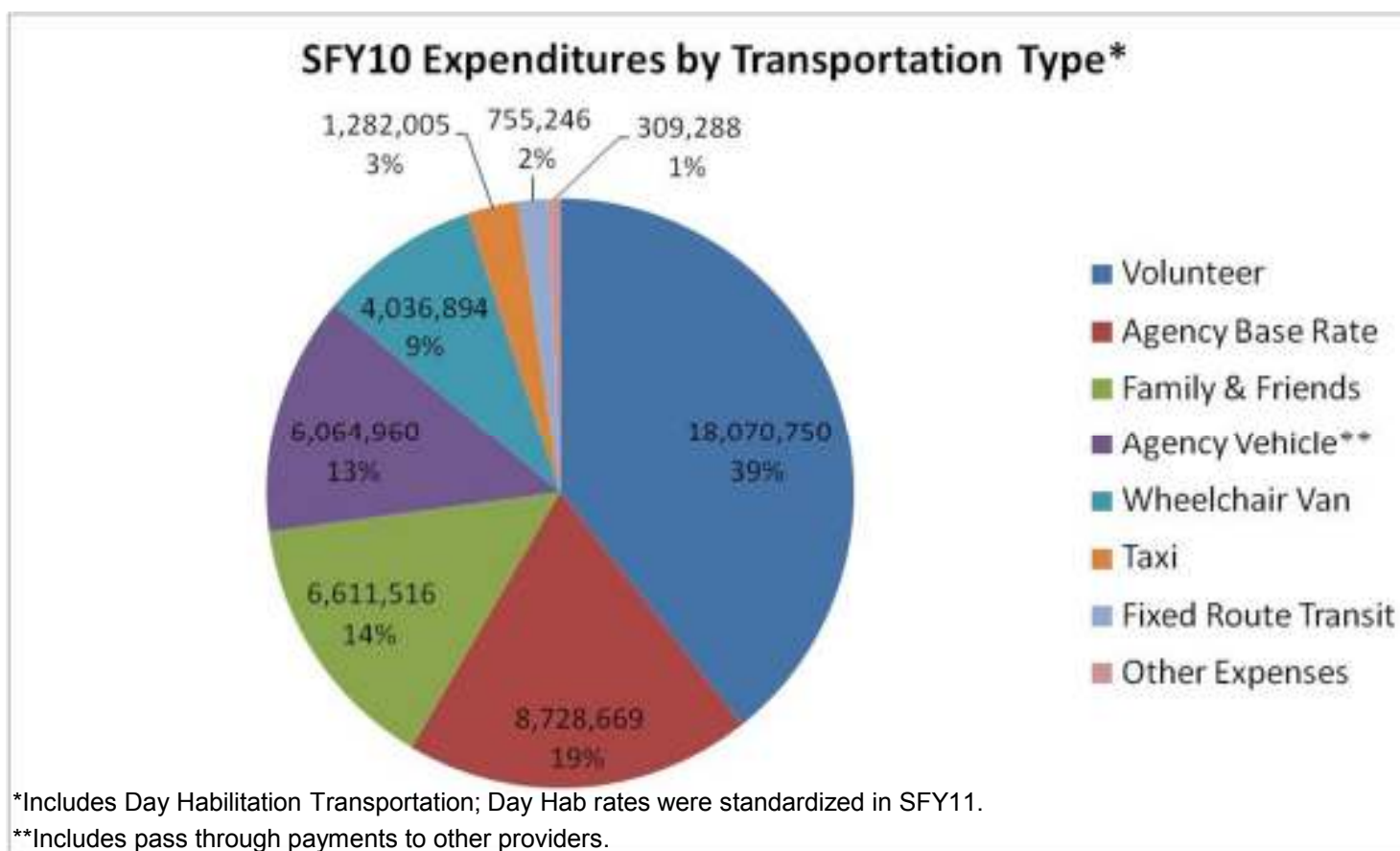


## Maine relies heavily on volunteer, family & friend reimbursement, totaling almost 60% of NEMT spending.



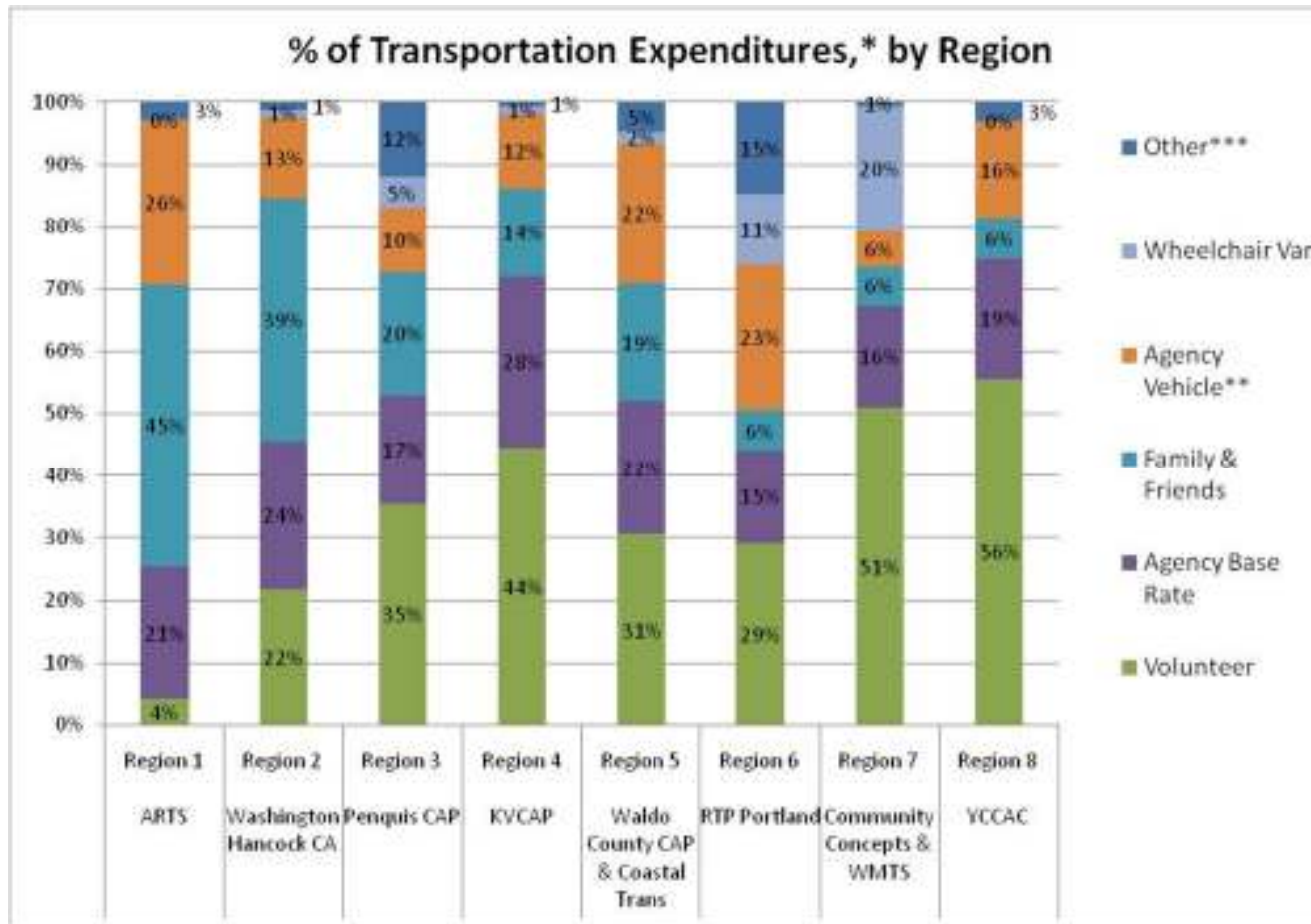
	SFY 09	SFY 10
Total MaineCare transportation spending (NEMT & waiver)	\$44.7M	\$45.9M
Total distinct members receiving transportation	42,449	44,296
% of total MaineCare members receiving transportation	13.9%	13.6%

- ~\$45M annual spending
- ~14% of MaineCare Members



- Volunteer reimbursement accounts for the largest share of spending.
- Base rates paid to current FS RTPs represent 19% of total spending.

# Expenditures by transportation type vary widely by transit region.



- Percent of volunteer reimbursement varies from 4 - 56%.
- Percent of base rates varies from 15 - 28%.
- Percent of Family & Friends Reimbursement varies from 6 - 45%.
- This variation is likely related at least in part to geographical differences between the regions.

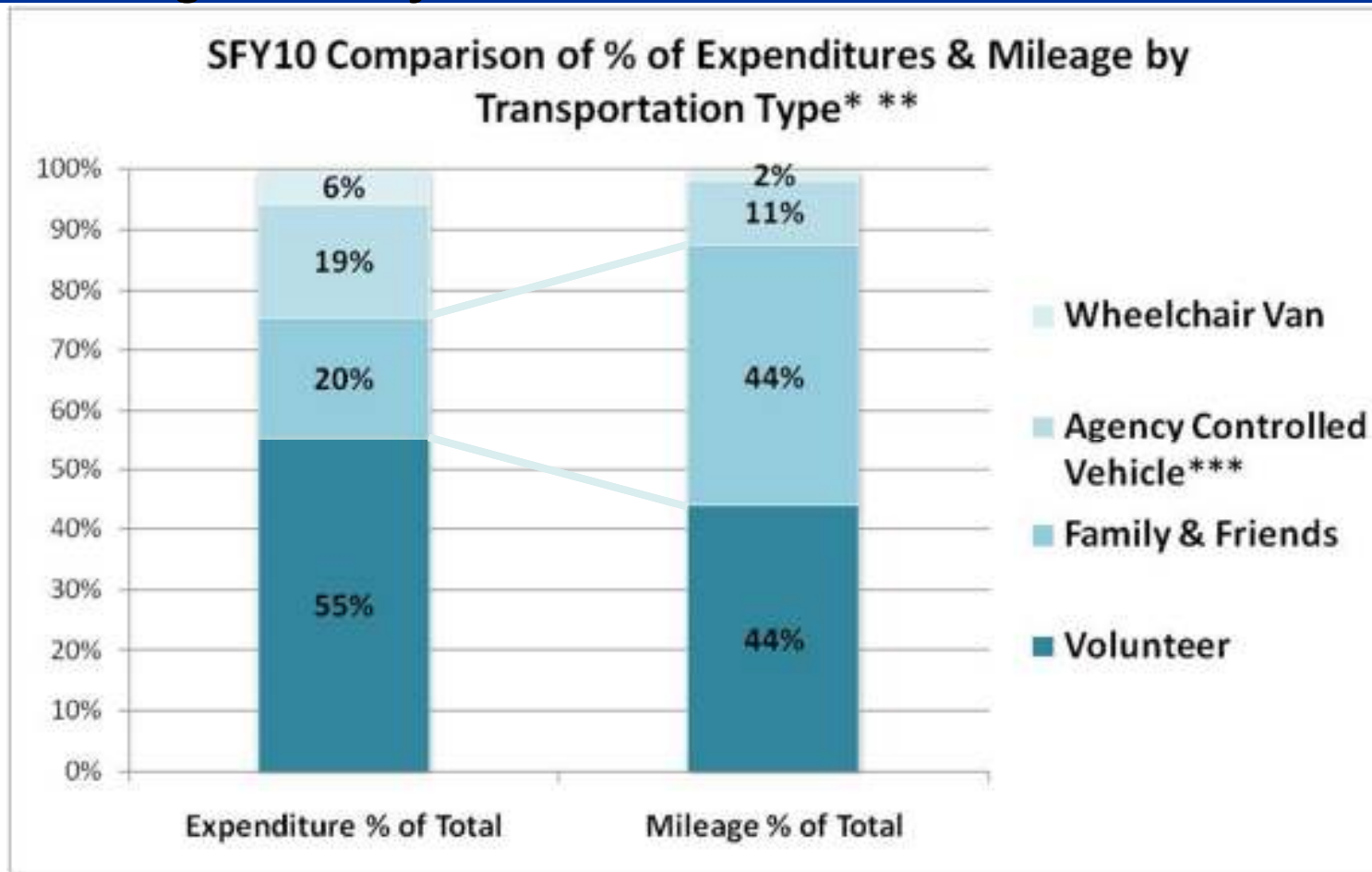
\* Includes Day Habilitation Transportation; Day Hab rates were standardized in SFY11.

\*\*Includes pass-through payments to other providers.

\*\*\*Includes taxi, fixed route transit, parking, lodging, meals, attendant and state worker mileage expenditures.



**Family & friends is the most cost effective mode of mileage-based transportation: it accounts for 44% of mileage but only 20% of associated costs.**



Transportation Type	SFY10 Ave Cost/ Mile*
Wheelchair Van	1.65
Agency Controlled Vehicle	0.86
<b>Family &amp; Friends</b>	<b>0.23</b>
Volunteer	0.62

\*SFY10 data includes higher rates for day habilitation trips; rates have since been standardized.

\*\*Chart excludes base rate costs and fixed transit, for which there are no mileage data.

\*\*\*Costs for "Agency Controlled Vehicles" include pass-through reimbursement to other providers.

## MaineCare Members' transportation concerns were a common theme over the course of work on Maine's Managed Care Initiative.

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### Feedback from Listening Sessions:

- Appreciation of the availability of transportation services in the community
- Complaints in certain regions of:
  - Members left stranded at appointments.
  - No means to get to a pharmacy or to lab tests following an appointment.
  - Long waits for mileage and lodging reimbursement for medical appointments that are far from home.
- Inability to access urgent care, leaving members to inappropriately seek help at the emergency room.

### Member Services Committee Recommendations:

- Extended hours of availability (not just 9-5 from Monday through Friday).
- Access to urgent care.
- Increased reliability and timeliness of transportation providers.
- Increased subsidization of buses and taxis, which would facilitate access to urgent care.

*“MaineCare and whoever provides rides really have to work together because... [the transportation service] wants two days [notice] in advance. Well, your doctor doesn't see it that way and MaineCare doesn't see it that way. So they really have to get together and work it out.”*

*--MaineCare Member*

# Agenda

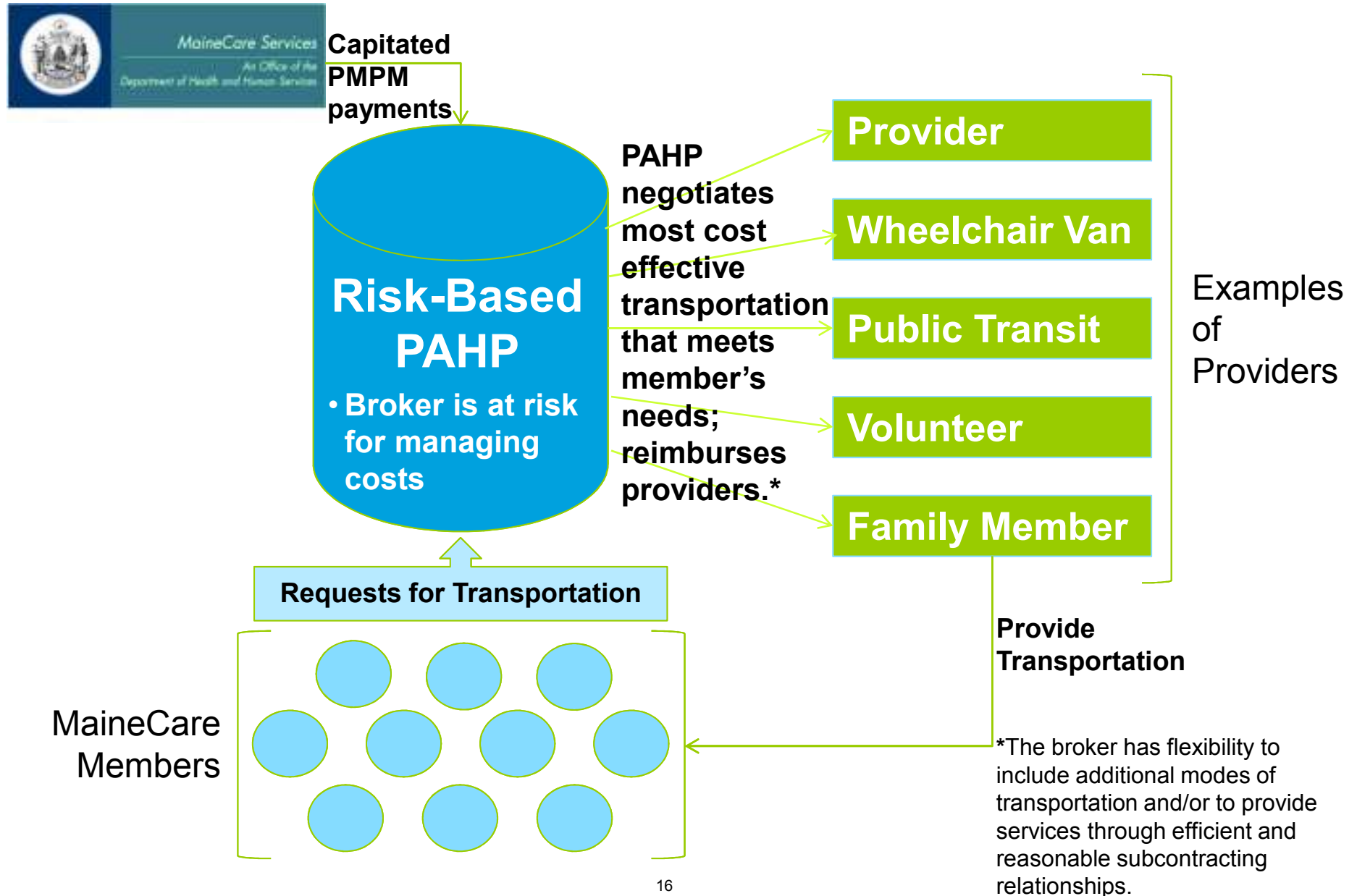
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# How does risk-based brokerage system function?



# Brokerages around the country have resulted in many improvements

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OMS has documented that at least:

- 28 states currently use or are in the process of procuring a brokerage system.
- 13 states currently use or are planning to use capitated rates.

Overall, brokerages have been demonstrated to:

- Decrease costs per trip.
- Increase ridership and improve access to non-emergency transportation services.
- Improve member satisfaction.



# How may the tribes benefit from the redesign?

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- Tribes may subcontract with the broker to provide rides, coordinate volunteers, or other functions.
- Brokers will have the flexibility to negotiate rates to respond to demand for transportation.
- Brokers may choose to provide up-front funds to family & friends for gas.
- Brokers will be held accountable for providing quality service.
- Brokers must ensure access to urgent same and next-day care.
- Brokers must ensure access to rides after-hours and on weekends, as needed.

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# Model Design Discussion

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## Discussion Areas

- Regional vs Statewide Brokerage
- Populations & Service Coordination
- Broker Requirements
- Broker Performance Standards & Quality Improvement
- Maintenance of Volunteer Network
- Grievance & Appeals Process
- Other Feedback & Questions



# Decision: Regional or Statewide Brokerage(s)



	Regional	Statewide
Benefits	<ul style="list-style-type: none"><li>+ Current FS RTPs may compete for brokerages.</li><li>+ Regional structure promotes continued coordinated approach with MaineDOT and DOL.</li><li>+ Greater likelihood of continued leverage of \$3M Federal Transit Authority funds for Maine's transit needs.</li><li>+ Promotes community-based provision of services.</li></ul>	<ul style="list-style-type: none"><li>+ Streamlined administration and oversight.</li><li>+ Performance likely more consistent across state.</li></ul>
Drawbacks	<ul style="list-style-type: none"><li>- Increased costs associated with administration and oversight of multiple brokerages.</li><li>- Performance may vary by region.</li></ul>	<ul style="list-style-type: none"><li>- More difficult to promote coordinated approach with MaineDOT and DOL.</li><li>- Likely loss of some or all of \$3M FTA funds leveraged for Maine public transit.</li><li>- Potential loss of community-tailored approach.</li></ul>

# Populations & Service Coordination

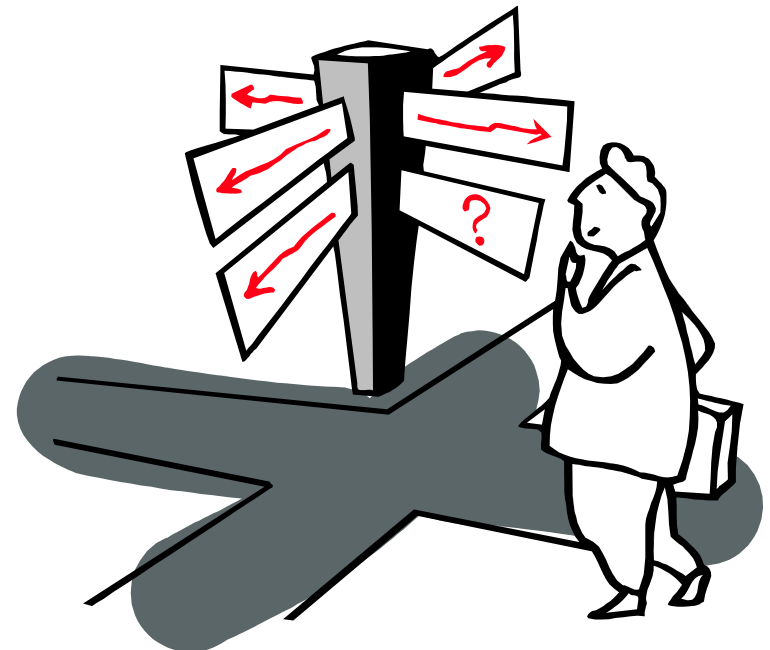


Access to MaineCare-reimbursed services represents only a portion of consumer's transportation needs.

In order to facilitate a coordinated approach and maximize access, OMS is working with:

- CMS
- Other Offices within DHHS,
- The Department of Transportation, and
- The Department of Labor.

DHHS is committed to maintaining access to federally-funded vehicles by ensuring that rides remain open to the general public.

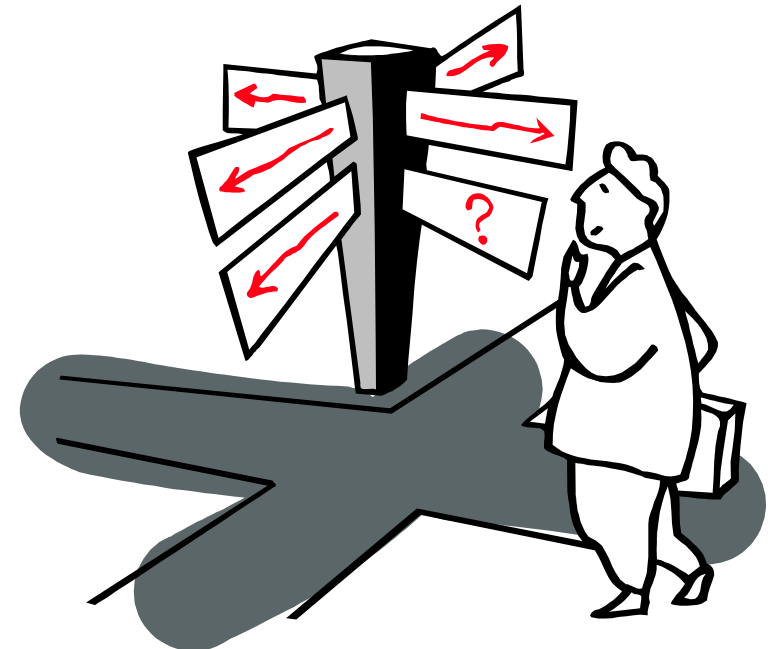


# Populations & Service Coordination, continued



OMS is working with CMS and other Offices within DHHS to incorporate transportation to all MaineCare-covered services in the new system wherever feasible and appropriate. The current plan includes transportation services for:

- Home & Community Based Services (HCBS) 1915(c) waiver populations
  - Individuals with intellectual disabilities and Autism Spectrum Disorders
  - The elderly and individuals with physical disabilities
- Childless Adults & HIV/AIDS 1115 waiver populations
- Children's Health Insurance Program (CHIP)





# Broker Requirements, continued

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## Location of Broker

- Maine will require any broker to have an in-state presence.

## Access Requirements

- 24/7 access to services
- Same-day requests for urgent care
- Bidder must demonstrate adequacy of proposed provider network. The bidder may be asked to provide detail on:
  - Letters of intent from current providers.
  - Documentation of number and location of vehicles.

## Software Capability

- DHHS is considering the requirement that the Contractor have a software application that:
  - Can accurately and efficiently track and route trips.
  - Calculate mileage.
  - Account for Maine's rural and urban areas.



# Performance Standards & Quality Improvement



- MaineCare will select a set of core quality measures relating to broker performance
  - Will be described in the RFP.
  - Will be subject to incentives and/or penalties.
- Examples of quality benchmarks in other states:
  - Call center
    - Abandonment rate
    - Wait time
    - Speed to answer
    - Member satisfaction with call center
  - Member satisfaction with transportation
  - No members stranded
  - No members left unattended
  - Timeliness of provider payment (100%)
  - Vehicle inspection rate (100%)
  - Increase in percentage of alternative transportation (family and friends, volunteers, fixed route transit)



# Maintenance of Maine's Volunteer Network



- The risk-based brokerage structure enables the continuation of Maine's volunteer network and does not require volunteers to enroll as providers.
- OMS does not plan to have volunteers meet the same criteria as other drivers.
- The broker may either coordinate and reimburse volunteers directly or subcontract with another entity for these functions, as long as the broker can demonstrate that subcontracting would be an efficient and reasonable use of resources.



# Member Grievance & Appeals

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## **CMS Regulations:**

- CMS requires that enrollees are notified of their right to a State fair hearing under a risk-based PAHP model.
- There are no requirements for a PAHP to have additional grievance and appeals processes. This is different from CMS requirements for Managed Care Organizations, since a PAHP is not considered a “comprehensive risk contract,” meaning it is not responsible for inpatient hospital and other medical services.

## **Practices in Other States:**

- The broker is responsible for having a grievance and appeals process.
  - Submitted for State review and approval
  - Has provisions for expediting decisions
  - Verbal denial followed by written denial of service, including notification of members’ rights to appeal
  - Monthly grievance reports to state

OMS will be reviewing the draft grievance and appeals system developed through the Managed Care Initiative to determine its applicability to NEMT.

**Other Feedback & Questions?**

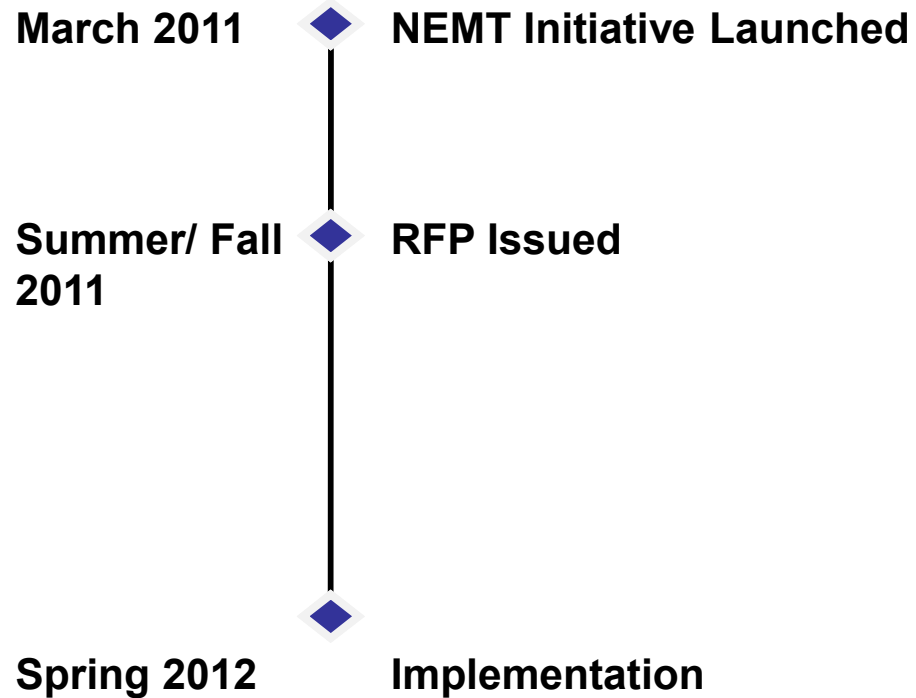
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# High-Level Target Timeline



# Next Steps

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- **Stakeholder Forum:** OMS will have a public forum for stakeholders if the decision is made to go ahead with a regional brokerage system.
- **Summer/Fall RFP**
  - RFP open for 2.5 months
  - Bidders' Conference ~2 weeks after RFP is posted
  - Mandatory Letters of Intent due 30 days after Bidders' Conference
- **Winter: Award & Decision Letters**



# Thank you!

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***Please visit our NEMT Redesign website for materials from today and to keep up to date:***

**[http://www.maine.gov/dhhs/oms/nemt/nemt\\_index.html](http://www.maine.gov/dhhs/oms/nemt/nemt_index.html)**

**Additional questions or comments?**

**Contact Michelle Probert at [michelle.probert@maine.gov](mailto:michelle.probert@maine.gov)**